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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10013	
Facility Name:	Enloe Medical Center - Esplanade Campus	
Address:	1531 Esplanade	
City:	Chico	
Hospital Owner/Lic	ensee: Mike Wiltermood	
Year of Rep	porting: 2010	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	ldress::	
Name of Sub	omitter: William Seguine	
Submission	n Date: 1/13/2011 3:41:25 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
01	Original Hospital	1531 Esplanade	Replace	SPC5	01/01/2013	06/01/2012
05	Surgery Wing	1531 Esplanade	Retrofit	SPC2	01/01/2013	06/01/2012
06	Corridor No. 1	1531 Esplanade	Replace	SPC5	01/01/2013	06/01/2012
08	Pharmacy	1531 Esplanade	Replace	SPC5	01/01/2013	06/01/2012
09	Trauma	1531 Esplanade	Replace	SPC5	01/01/2013	06/01/2012

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Original Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10013 HS041907	0 FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	08/16/2004 08/31/2006 09/19/2006 06/01/2012 OPEN No
10013 HS042981	0 SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907-04	12/17/2004 02/20/2007 03/06/2007 06/01/2012 OPEN No
Building No: 05	Surgery Wing	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10013 HS052693	0 SEISMIC RETROFIT OF EXISTING SURGERY WING STRUCTURE FROM SPC -1 TO SPC-2	11/15/2005 04/01/2008 11/19/2008 06/01/2012 OPEN No
Building No: 08	Pharmacy	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
10013 HS041907	0 FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	08/16/2004 08/31/2006 09/19/2006 06/01/2012 OPEN No
10013 HS042981	0 SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907-04	12/17/2004 02/20/2007 03/06/2007 06/01/2012 OPEN No

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Building No: 09	Trauma	Retrofit/Replacement Yes-S Project:	Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Completed in Date Date Date	Status CEQA Review
10013 HS041907	0 FOUNDATIONS, SPREAD FOOTINGS & DRILLED PIERS/RE HS042981-04	08/16/2004 08/31/2006 09/19/2006 06/01/2012	OPEN No
10013 HS042981	0 SITEWORK, UTIL, ARCH, PRIMARY STRUCTURE,MECH & PLUMBING/RE HS041907-04	12/17/2004 02/20/2007 03/06/2007 06/01/2012	OPEN No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Original Hospital					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	42 Inpatient 13028 Days	Surgical	X Obstetrical Recovery			
X IntensiveCare	Inpatient Beds	4 Inpatient Days 124	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
X Obstetrical Ante/Postprtum	Inpatient Beds	18 Inpatient Days 3286	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery			
		Total Beds this Building 64	Cesarean/Deliv	Central Plant			

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ng Name: Surgery Wing		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildiı	ng Name: Corridor No. 1		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 08 Building Name: Pharmacy					
Type of Service Prov	<u>rided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy	
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis	
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery	
		Building	000010011/2011	Central Plant	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 09	Buildi	ng Name: Trauma		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	8 Inpatient Days 2052	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 8	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesarean/Denv	Central Plant

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Building Number:	01	Building Name:	Original Hospital		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 42 Bed	Inpatient 1302 Days 8	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 18 Bed	Inpatient 3286 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	4 Inpatient 124 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	64	64

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Building Number:	05	Building Name: Sur	gery Wing		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	06	Building Name:	Corridor No. 1]
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Card Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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Building Number:	08	Building Name:	Pharmacy		
Medical / Surgical	(Include GYN)	Acute Respirat	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	09	Building Name: Tra	uma		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 8 Bed	Inpatient 2052 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	8	8

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Hospital	
05	Surgery Wing	$\overline{\sqcap}$
06	Corridor No. 1	$\overline{\sqcap}$
08	Pharmacy	
09	Trauma	
10	Tower	\prod
11	Cath Lab No. 1	П
12	Radiology - Oncology	
13	Cath Lab No. 2	
14	Surgery Addition	\prod
15	Waiting Area/Corridor No. 2	\prod
		_

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Magnolia Tower	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	g Name:	Original Hospital						
Type of Service Provided									
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing		Anesthesia						
X	IntensiveCare		Allestifesia	X	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		No. Lond		Outpatient		
			Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant		
X	Obstetrical Ante/Postprtum			П	Nuclear		Support		
	7 tito/i ootpitaiii		Dietetic		Medicine		Services		
	Intermediate Care								
			Administration						
	Skilled Nursing								

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	Surgery Wing			
Type of Service	e Provided					
			X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	l x	X Anesthesia			
	IntensiveCare		Allestilesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		X	Outpatient
	escent	X	X Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical	_		Nuclear		Support
	Ante/Postprtun	" [Dietetic	Medicine		Services
	Intermediate Care		_			
	Cale		Administration			
	Skilled Nursing	g				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	06	Building Name:	Corridor No. 1			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adolescent	, [Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical			Nuclear		Support
	Ante/Postprtu	"" [Dietetic	Medicine	Ш	Services
	Intermediate Care		_			
	Jaio		Administration			
	Skilled Nursin	ng				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	08	Building Name:	Pharmad	су				
Type of Service Provided								
			Surg	ical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anes	thesia				
	IntensiveCare)				Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	, [Clini	cal Lab				Outpatient
	escent Psychiatric	[Radi Imag	ological/ jing		Newborn/ WellBaby	Ш	Surgery
	Nursing		X Phar	maceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım [Diete	etic		Nuclear Medicine		Support Services
	Intermediate Care		Adm	inistration				
	Skilled Nursin	ng						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	09	Building Name:	Tra	auma				
Type of Service Provided								
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	[Anesthesia				
X	IntensiveCare)				Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	, [[]		Clinical Lab				Outpatient
_	escent	[Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım		Dietetic		Nuclear Medicine		Support Services
	Intermediate Care			Administration				
	Skilled Nursir	ng	<u>-</u>					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 01	Building Na	me: Original Hospit	al			
Configuration:	Remove from GAC	service by	1/1/2013				
Type of Serv	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	ocarrian
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Na	me: Surgery Wing				
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Service	ce Provided						
1	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 06	Building Na	me: Corridor No. 1			
Configuration:	Remove from GAC	Service by	1/1/2013			
Type of Servi	ice Provided					
	Nursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	 Recovery	<u> </u>	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency		Central Plant
	Intermediate		Dietetic			
	Care Skilled Nursing		Administration	Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08	Building Nar	me: Pharmacy			
Configuration :	Remove from GAC	service by	1/1/2013			
Type of Service	e Provided					
	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol scent		Clinical Lab		Recovery	
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical ante/Postprtum	X	Pharmaceutical	П	Emergency	Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine	Cuppert
	Skilled Nursing		Administration		nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	09	Building Na	me: Trauma		
Configuration .	Remove from GAC	service by	1/1/2013		
Type of Service	e Provided				
	lursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X II	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol scent		Clinical Lab	Recovery	
	Psychiatric Iursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Inte/Postprtum		Pharmaceutical	Emergency	Central Plant
	ntermediate		Dietetic		
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: [10	Building Na	me: Tower				
Configuration .	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration	[X]	Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Configuration Retrofit Conforming building to NPC 4 or NPC 5: Type of Service Provided								
Type of Service Provided								
Type of Service Provided								
	habilitation erapy							
	nal Dialysis							
Pediatric/Adol Clinical Lab								
	tpatient gery							
Obstetrical Ante/Postprtum Pharmaceutical Emergency Cen	ntral Plant							
Dietetic Dietetic	mar Flant							
	ipport ervices							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	12	Building Na	me: Radiology - O	ncology		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servic	e Provided					
N	lursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic	<u> </u>	Lineigoney	Contain lan
	are killed Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: [13	Building Na	me: Cath Lab No. 2		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Servi	ce Provided				
	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	_	0
	Ante/i ostpitam		Dietetic	Emergency	Central Plant
	Intermediate Care			Nuclear Medicine	Support Services
	Skilled Nursing		Administration		33, 11003

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	14	Building Na	me: Surgery Addition	on		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servi	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	ntermediate		Dietetic			
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 15	Building Na	me: Waiting Area/C	Corridor No.	2		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	<u>—</u>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 10 Building Name: Tower								
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	107		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	25		Anesthesia			
X	Pediatric/Adol escent	Inpatient Beds	4	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		136					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi								
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi								
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 13							
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi								
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildir								
<u>Type</u>	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Building Number: 1	0 Build	ling Name: Tow	/er		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 107 Bed	Inpatient 33190 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 4 Bed	Inpatient 547 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 10 Bed	Inpatient 2565 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 15 Bed	Inpatient 1990 Days	Inpatient 0 Bed	Inpatient 0 Days	136	136

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Building Number: 1	1 Build	ing Name: Cath	Lab No. 1		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	12 Build	ling Name: Radi	ology - Oncology			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0	0	

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Building Number:	Build	ing Name: Cath	Lab No. 2			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0		

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Building Number:	14 Bui	Building Name: Surgery Addition			
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	0 0	

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Building Number:	15 Build	ling Name: Wai	ting Area/Corridor No. 2		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0